

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA

In Re: Michael D Scott

Bk # 17-70045-JAD

Debtor, Petitioner

Chapter 7

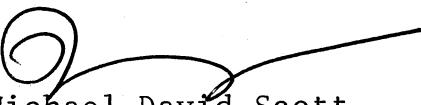
Motion to Amend Schedule

Interim Fed. R. Bankr. P. 1009(a)

Now comes the petitioner "Debtor" Michael David Scott, requesting that the Court grant his motion to amend the enclosed schedule(s).

On May 16, 2017, a 341 meeting was held, the Debtor agreed to file an amended schedule within 14 days of the meeting. And so, the Debtor is complying with the Trustee's request and requesting that the Court grants the motion and file the enclosed schedules.

Respectfully Submitted;


Michael David Scott

May 25, 2017

772 Saint Joseph Street
Loretto PA 15940

RECEIVED
2017 MAY 30 AM 10:58
U.S. BANKRUPTCY COURT
CLERK
PITTSBURGH

Fill in this information to identify your case:

Debtor 1	Michael David Scott	
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)		
First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Western	District of Pennsylvania
Case number (if known)	17-70045-JAD	

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2017 MAY 30 A 10:58

CLERK
U.S. BANKRUPTCY COURT
PITTSBURGH Check if this is an
amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 OCWEN Home Loans

Creditor's Name
1661 Worthington Rd
Number Street
Suite 100

West Palm Beach FL 33409

City State ZIP Code

Describe the property that secures the claim:

40 Old Stable Drive
Mansfield MA 02048

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$ 714,841.66	\$ _____	\$ 714,841.66

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 12/04/03

Last 4 digits of account number 4415

2.2 Direct Federal Credit Un

Creditor's Name
50 Cabot St
Number Street
Needham MA 02494

City State ZIP Code

Describe the property that secures the claim:

40 Old Stable Drive
Mansfield MA 02048

\$ 255,000 \$ _____ \$ 255,000

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 02/03/06

Last 4 digits of account number 4415

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 969,841.66

Debtor 1 Michael David Scott
 First Name Middle Name Last Name

17-70045-JAD
 Case number (if known)

Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion of any claim

LBJ Trust

Creditor's Name
 1582 Dorchester Ave
 Number Street
 C/O HNN Law

Dorchester MA 02124
 City State ZIP Code

Describe the property that secures the claim:

40 Old Stable Drive
 Mansfield MA 02048

\$ 250,000

\$ _____

\$ 250,000

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) This item is disputed lender failed to provide payoff or discharge

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 02/03/09

Last 4 digits of account number 4415

Bank of America

Creditor's Name
 400 North Tyron St
 Number Street

Headquarters

Charlotte NC 28202
 City State ZIP Code

Describe the property that secures the claim:

\$ 1,750,000

\$ _____

\$ 1,750,000

40 Old Stable Drive
 Mansfield MA 02048

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Expired Real Estate Attachment MGL Part III Title II Chapter 233 Section 114 A

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 02/05/09

Last 4 digits of account number 4415

OCWEN Home Loans

Creditor's Name
 1661 Worthington Road
 Number Street
 Suite 100

West Palm Beach FL 33409
 City State ZIP Code

Describe the property that secures the claim:

\$ 414,023.46

\$ 414,023.46

8 Tiffany Road
 Bourne MA 02532

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 12/12/05

Last 4 digits of account number 4415

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 2,414,023.46

If this is the last page of your form, add the dollar value totals from all pages.
 Write that number here: \$ _____

Michael David Scott

Debtor 1

First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Direct Federal Credit Union

Describe the property that secures the claim:

Column A

Amount of claim

Column B

Value of collateral
that supports this
claim

Column C
Unsecured
portion
if any

Do not deduct the
value of collateral

Creditor's Name
50 Cabot St
Number Street
#11

8 Tiffany Road
Bourne MA 02532

Needham MA 02494
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a
community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) 506(a)

Date debt was incurred 04/07/06

Last 4 digits of account number 4415

Zaniel Mahmood et al

Describe the property that secures the claim:

\$ 195,000

\$ 195,000

Creditor's Name
45 Lyman St.
Number Street

40 Old Stable Road
Mansfield MA 02048

C/O David M Click

Westborough MA 01581
City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a
community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Real Estate Attachment

Date debt was incurred 9/23/14

Last 4 digits of account number 4415

Bank of America

Describe the property that secures the claim:

\$ 1,750,000

\$ 1,750,000

Creditor's Name
100 North Tryon St
Number Street

8 Tiffany Road
Bourne MA 02532

Headquarters

Charlotte NC 28202

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a
community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured
car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Expired Real Estate Attachment

Date debt was incurred 12/05/09

Last 4 digits of account number 4415

Add the dollar value of your entries in Column A on this page. Write that number here.

\$ 2,072,000

If this is the last page of your form, add the dollar value totals from all pages.

\$

Write that number here:

Michael David Scott

Debtor 1

First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any
Do not deduct the value of collateral.		

ASC

Creditor's Name

P.O. Box 10388

Number Street

Describe the property that secures the claim:

\$200,983 \$176,045 \$24,938

6 Eric II Road #52
Mansfield II MA 02048

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 12/12/05

Last 4 digits of account number 4415

Bank II of America

Creditor's Name

100 North Tyron St

Number Street

Headquarters

Charlotte NC 28202

City State ZIP Code

Describe the property that secures the claim:

\$1,750,000 \$ 1,750,000

6 Erick Road #52
Mansfield MA 02048

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Expired Real Estate Attachment

Date debt was incurred 02/09

Last 4 digits of account number 4415

SLS

Creditor's Name

8742 Lucent Blvd.

Number Street

Suite 300

Highland Ranch CO 80129

City State ZIP Code

Describe the property that secures the claim:

\$ 20,244 \$ 20,1144

6 Erick Road #52
Mansfield MA 02048

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 12/12/05

Last 4 digits of account number 4415

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 1,971,227

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$

Debtor 1 Michael David Scott

Case number (if known) 17-70045-JAD

Additional Page

Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion if any

Unlnown See attached

Describe the property that secures the claim:

\$ 11,381,002 \$ 11,381,002

Creditor's Name

Unlnown

Number Street

6 Erick Road
Mansfield MA 02048

Unlnown

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 11/12/15

Last 4 digits of account number 9153

Unknown See attached

Describe the property that secures the claim:

\$ 205,635 \$ 205,635

Creditor's Name

Unlnown

Number Street

6 Erick Road
Mlinsfield MA 02048

Unlnown

City

State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 3/25/16

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Restitution Inchoate Lien

Last 4 digits of account number 2214

Tufts Investment LLC

Describe the property that secures the claim:

\$ 195,000 \$ 120,000

Creditor's Name

92-96 George Street

Number Street

92-96 George St.
Roxbury MA 02119

Roxbury MA 02119

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Date debt was incurred 2013

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here: 11,781,637

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

Fill in this information to identify your case:

Debtor 1		
First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)		
First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>Western</u> District of <u>Pennsylvania</u>		
Case number <u>17-70045-JAD</u>		
Case number (If known)		

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amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

CLERK
U.S. BANKRUPTCY COURT
PITTSBURGH

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Internal Revenue Service	4415	\$ 217,489	\$ 0
Priority Creditor's Name P. O. Box 7346	Last 4 digits of account number	217,489	
Number Street Centralized Insolvency Philadelphia PA 19101	When was the debt incurred?	12/31/06	
City State ZIP Code	Operations As of the date you file, the claim is: Check all that apply.		
Who Incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
2.2 Internal Revenue Service	4415	\$ 21,427	\$ 0
Priority Creditor's Name P. O. Box 7346	Last 4 digits of account number	\$ 21,427	
Number Street Centralized Insolvency Philadelphia PA 19101	When was the debt incurred?	03/30/09	
City State ZIP Code	Operations As of the date you file, the claim is: Check all that apply.		
Who Incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Debtor 1 Michael David Scott

First Name Middle Name Last Name

17-70045-JAD

Case number (if known)

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3 followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount
2.3	<input type="checkbox"/> Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street Centralized Insolvency Operations Philadelphia PA 19101 City State ZIP Code	4415 Last 4 digits of account number	\$ 83,646 When was the debt incurred? 04/13/15	0 \$ 83,646
	As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were Intoxicated <input type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
2.4	<input type="checkbox"/> Massachusetts Dept. Of Revenue Priority Creditor's Name P.O. Box 7021 Number Street Collections Bureau Boston MA 02204 City State ZIP Code	4415 Last 4 digits of account number	\$ 527,581 When was the debt incurred? 04/26/16	0 \$ 527,581
	As of the date you file, the claim is: Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were Intoxicated <input checked="" type="checkbox"/> Other. Specify This claim is invalid the State Failed to provide any proof of claim			
	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
	Priority Creditor's Name _____ Number Street _____ _____ City State ZIP Code _____			
	Last 4 digits of account number _____ When was the debt incurred? _____			
	As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were Intoxicated <input type="checkbox"/> Other. Specify _____			
	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Debtor 1 Michael David Scott

First Name Middle Name Last Name

Case number (if known) 17-70045-JAD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

+ 4

Sunrise Credit

Nonpriority Creditor's Name

P.O. Box 9100

Number Street

Farmingdale NY 11735-9100

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4415

\$ 657

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Utility bill/cell phone

+ 5

Sturdy Memorial Hospital

Nonpriority Creditor's Name

P.O. Box 60

Number Street

Rochester New Hampshire 03866

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4415

\$ 2,116

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Hospital Bill

4 6

Bank of America

Nonpriority Creditor's Name

100 North Tyron St.

Number Street

Charlotte NC 28202

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4415

\$ 1,000,000

When was the debt incurred? 2009

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Judgement

Debtor 1 Michael David Scott
 First Name Michael Middle Name Last Name Scott

Case number (if known) 17-70045-JAD

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

4 7 Transworld Systems Inc.

Nonpriority Creditor's Name

802 E. Marlinton Rd. Ste. 201

Number 802 Street E. Marlinton Rd.

North Augusta SC 29841

City North Augusta

State SC

ZIP Code 29841

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4415

Total claim \$ 497

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utility Services

4 8 Denovus Corporation Ltd.

Nonpriority Creditor's Name

480 Johnson Road Suite 110

Number 480 Street Johnson Road

City North Augusta

State SC

ZIP Code 29841

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 4415

Total claim \$ 1,411

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

4 9 Zainal Mahmood et al

Last 4 digits of account number 4415

Total claim \$ 195,000

When was the debt incurred? 2014

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Pending suit

Debtor 1 Michael David Scott

First Name

Middle Name

Last Name

17-70045-JAD

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

Bonaberi Corp & Rose Ake

Nonpriority Creditor's Name

1340 Centre St. # 103

Number Street

Newton MA 02459-2444

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4415

\$ unspecified

When was the debt incurred? 2012

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Pending Suit Dk # 168CV01857

Town of Mansfield

Nonpriority Creditor's Name

6 Park Row

Number Street

Mansfield MA 02048

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 4415

\$ 2,818

When was the debt incurred? Jan 2017

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Water Bill

Collora LLP

Nonpriority Creditor's Name

100 High St.

Number Street

Boston MA 02110

City

State

ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

Is the claim subject to offset?

- No
- Yes

Last 4 digits of account number 9001

\$ 613,386

87

When was the debt incurred? March 25 2014-11/15/2015

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Type of NONPRIORITY unsecured claim:

- Student loans
- Obligations arising out of a separation agreement or divorce that you did not report as priority claims
- Debts to pension or profit-sharing plans, and other similar debts
- Other. Specify Legal Fees

Debtor 1

Michael David Scott

First Name Middle Name Last Name

Case number (if known)

17-0045-JAD

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

City State ZIP Code _____

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Name _____

Last 4 digits of account number _____

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street _____

Last 4 digits of account number _____

Debtor 1

Michael David Scott

First Name Middle Name

Last Name

Case number (if known) 17-70045-JAD

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

Total claims from Part 1 6a. Domestic support obligations
6b. Taxes and certain other debts you owe the government
6c. Claims for death or personal injury while you were intoxicated
6d. Other. Add all other priority unsecured claims.
Write that amount here.

Total claim

6a. \$ 0

6b. \$ 850,143

6c. \$ 0

6d. + \$ 0

6e. \$ 850,143

Total claims from Part 2 6f. Student loans
6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims.
Write that amount here.

Total claim

6f. \$ 105,484

6g. \$ 0

6h. \$ 0

6i. + \$ 1,828,283.80

6j. \$ 2,783,910.80